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| Case Number: | CM14-0142042 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/09/2013 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year old female who was injured on 05/10/2013. The mechanism of injury is unknown. Progress report dated 06/16/2014 documented the patient to have complaints of lumbar spine pain rated as a 3/10 and it radiates to the buttocks only. She also reported left knee pain rated as an 8/10. Objective findings on exam revealed tenderness at the medial joint line of the left knee. There is also tenderness at the left ankle Achilles tendon. She is diagnosed with torn medial meniscus, Achilles tendon tendonitis and lumbar spine sprain/strain. She was recommended to continue with her medications including ibuprofen 800 mg, Prilosec, and Methoderm cream. On 08/01/2014, she was seen with no change in symptoms. She reported low back pain rated as 4/10 with stiffness associated with movement or prolonged activity. She reported sharp left knee pain rated as an 8/10. There is no documentation of what medications are helping the patient and to what degree. No further information was provided with regard to the medications being requested. Prior utilization review dated 08/11/2014 states the request for Prilosec is not medically appropriate as there is no evidence to support the request; Ibuprofen 800mg is not medically necessary as there is a lack of documented evidence of functional improvement or benefit; and Methoderm Ointment is not medically necessary as it is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The guidelines recommend PPI therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age more than 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition that requires PPI therapy or identify the patient as increased risk for adverse GI events. Further, the NSAID is not certified as below. Additionally, the request did not include a dose or quantity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The guidelines recommend NSAID therapy for acute on chronic pain for short-term treatment. Generally treatment should not exceed 4-6 weeks. It is unclear from the documents how long the patient has been taking NSAIDs but it appears to be longer than the recommended duration. Additionally, from the documents it is not clear what benefit the patient is having from the ibuprofen. The dose of 800mg has not been shown to be superior to smaller doses of ibuprofen. The request did not include a frequency or quantity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Menthoderm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The decision for Menthoderm is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Methoderm is a combination drug and contains menthol. Menthol is not recommended for topical use and has not been shown to be beneficial by the current guidelines. Additionally, the request does not indicate a frequency, dose, or quantity. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.